

<b>Case Number:</b>	CM14-0194971		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/29/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old female with date of injury 03/29/08. The treating physician report dated 05/16/14 indicates that the patient presents with pain affecting the left knee (3). The physical examination findings reveal severe loss of range of motion in the left knee and the left knee is locked at 160 degrees (18). The patient uses a cane to walk. Prior treatment history includes post left knee total arthroplasty and revision, medications, a knee brace, and physical therapy. MRI findings done on 7/7/08 reveal left knee meniscus tear, left knee mild degenerative disc disease, left plica band, and knee effusion. The current diagnoses are: 1. Left Knee Pain 2. Degenerative Joint Disease The utilization review report dated 11/12/14 denied the request for Referral to clinical psychologist times 8 visits and Referral to psychiatrist based on medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Referral to clinical psychologist times 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 391, Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations and page 23: Behavioral Interventions Page(s): 101-102, 23.

**Decision rationale:** The patient presents with pain affecting the left knee. The current request is for Referral to clinical psychologist times 8 visits. The treating physician states, "Pursuant to the recommendations of the AME Psychiatrist, I am recommending that the patient be referred to [REDACTED] for psychotherapy." (11) The QME report was not provided for review. According to the MTUS cognitive behavioral therapy is recommended. "The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." MTUS goes on to state, "Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The treating physician report dated 7/18/14 does not identify that the patient is depressed or state why the patient requires cognitive behavioral therapy. No evidence of a previous trial of psychotherapy was found in the documents provided. In this case the physician is requesting a referral for 8 psychological visits that exceeds the current MTUS guidelines of 3-4 visits over 2 weeks, therefore Referral to clinical psychologist times 8 visits is not medically necessary.

**Referral to psychiatrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 391, Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004), chapter 7, page 127

**Decision rationale:** The patient presents with pain affecting the left knee. The current request is for Referral to psychiatrist. The treating physician states, "Pursuant to the recommendations of the AME Psychiatrist, I am recommending that the patient be referred to a psychiatrist for a medical examination for management of her depression."(11) The QME report was not provided for review. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case the treating physician has documented that the patient requires evaluation for management of her depression. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise may be required. Therefore, Referral to psychiatrist is medically necessary.